

**BARRY GLASSMAN**  
HARFORD COUNTY EXECUTIVE

**BILLY BONIFACE**  
DIRECTOR OF ADMINISTRATION



**BRADLEY F. KILLIAN**  
DIRECTOR OF PLANNING & ZONING

## 2017 Comprehensive Zoning Review – OWNER AUTHORIZATION LETTER

(PLEASE TYPE OR PRINT CLEARLY)

Date: \_\_\_\_\_

I, \_\_\_\_\_  
(property owner's name(s))

hereby authorize my agent: \_\_\_\_\_  
(name of agent)

to make application to the Harford County Department of Planning and Zoning for a zoning change to my property located at:

\_\_\_\_\_  
(property address for which rezoning is requested)

*I recognize that, if the zoning change is granted, an adjustment in the property assessment may result.*

### Property Owner

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### Agent or Applicant

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### **ALL OWNERS OF RECORD MUST SIGN**

*Signatures by corporate officials must be that of the "Managing Member" or "President" and such title must be denoted below. If any owner of record is deceased, a copy of the Death Certificate must be attached to this form.*

I (We) certify that I am (we are) the owner(s) or authorized agent of record of this parcel of land at the time of signing this form.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Property Owner

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